



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 2017 FEB 23 PM 2:02

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

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| 1. Entity ID Number 000156755 | 2. Exact Name of the Limited Liability Company Clover, LLC |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 735 Smith Street | |
| City/Town Providence | State RHODE ISLAND Zip 02908 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: John J. DeSimone | |
| 5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 1536 Westminster Street | |
| City/Town Providence | State RHODE ISLAND Zip 02909 |
| 6. The name of the NEW resident agent is: Robert A. Peretti, Esq. | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____ | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i> | |
| Name of Authorized Person of the Limited Liability Company Rachel Soloff | Date 1/21/17 |
| Signature of Authorized Person of the Limited Liability Company _____ | |

MAIL TO:
 Division of Business Services
 148 W River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED 2:02 pm
FEB 23 2017
 BY 296550
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